

Docket No.
PENN-0701

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Methods for Treatment of Cutaneous T-cell Lymphoma

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

60/104,342	October 15, 1998
(Application Serial No.)	(Filing Date)
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(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

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Sole or first inventor's signature	Date
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Citizenship US	
Post Office Address 455 Ballytore Road	
Wynnewood, PA	

Full name of second inventor, if any	
Second inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION			Docket No. PENN-0701
Serial No. Not yet assigned	Filing Date Herewith	Patent No. Not yet assigned	Issue Date
Applicant/ <u>Alain H. Rook</u> Patentee:			
Invention: <u>Methods for Treatment of Cutaneous T-cell Lymphoma</u>			
<p>I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:</p> <p>NAME OF ORGANIZATION: <u>The Trustees of the University of Pennsylvania</u> ADDRESS OF ORGANIZATION: <u>3700 Market Street, Suite 300</u> <u>Philadelphia, PA 19104</u></p> <p>TYPE OF NONPROFIT ORGANIZATION:</p> <p><input checked="" type="checkbox"/> University or other Institute of Higher Education</p> <p><input type="checkbox"/> Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))</p> <p><input type="checkbox"/> Nonprofit Scientific or Educational under Statute of State of The United States of America Name of State: _____ Citation of Statute: _____</p> <p><input type="checkbox"/> Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America</p> <p><input type="checkbox"/> Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America Name of State: _____ Citation of Statute: _____</p> <p>I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:</p> <p><input checked="" type="checkbox"/> the specification to be filed herewith.</p> <p><input type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p> <p>I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.</p> <p>If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p>			

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern or organization exists.
☐ each such person, concern or organization is listed below.

FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

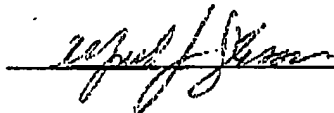
Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Alfred J. Glessner
TITLE IN ORGANIZATION: Director, Operations and Licensing
ADDRESS OF PERSON SIGNING: Center for Technology Transfer
3700 Market Street, Suite 300
Philadelphia, PA 19104

SIGNATURE:



DATE:

15 OCT 99